



**Business Oregon**  
**Certification Office for Business Inclusion and Diversity**  
775 Summer St. NE, Suite 200, Salem, OR 97301-1280  
Phone: 503\_986\_0075, Fax: 503\_581\_5115  
[www.oregon4biz.com](http://www.oregon4biz.com)

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**NO CHANGE STATEMENT**  
**Minority and Women Business Enterprise (M/WBE)**  
**Service-Disabled Veteran (SDV) and Emerging Small Business (ESB) Applications**  
Annual "No-Change" Statement

MBE  WBE  SDV  ESB

Certification #: 10090

I, the undersigned business owner, hereby certify that the business for which I am seeking to maintain MBE, WBE, SDV, and/or ESB certification(s) continues to meet the relevant standards and requirements of ORS 200.005 et. seq. and the Oregon Administrative Rules, Chapter 123, Division 200.

Check here if there have been changes in the business within the last year, such as ownership, address, telephone number. The statement should still be completed and returned. Attach documentation to support any changes for our records. A certification specialist will contact you if there are any questions.

My signature below also constitutes my acknowledgement that in the event any of the information specific to MBE, WBE, SDV, and/or ESB certification is determined to be inaccurate or misleading by the Certification Office for Business Inclusion and Diversity (COBID), certification may be revoked.

DATED this 2 date of March, 2017.

  
Signature of applicant/owner

owner  
Title

Mike Buchanan  
Printed name of applicant/owner

BEM Fabrication & Machine LLC  
Name of business



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## Disadvantaged Business Enterprise (DBE) Annual "No-Change" Affidavit

I do solemnly declare and affirm, under penalty of perjury as defined in ORS 162.065, that there have been no changes in the circumstances of BEM Fabrication and Machine LLC  
(name of certified business)

affecting its ability to meet eligibility requirements in 49 CFR part 26. There have been no material changes in the information provided on our most recent application for certification, except for changes in which written notice has been provided to OMWESB under §26.83. This business meets Small business Administration (SBA) criteria for being a small business concern: the number of employees or its average annual gross receipts over the firm's previous three fiscal years do not exceed the limits defined in the North American Industry Classification System (NAICS) codes and Federal Highway Administration rules; and the disadvantaged owner(s) have not exceeded the Personal Net Worth limit. Any material misrepresentation is grounds for denial or revocation of certification and initiation of action under federal or state laws concerning false sworn statements.

*Mike Buchanan*  
 Signature of applicant/owner

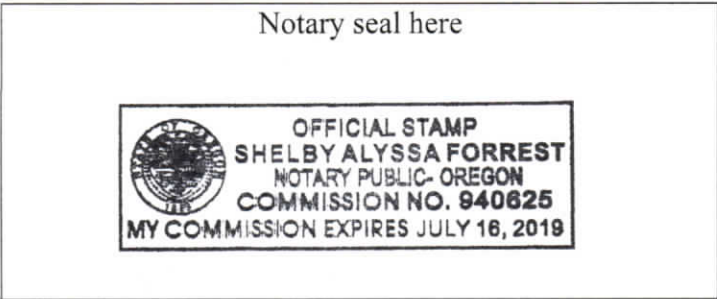
*Owner*  
 Title

Mike Buchanan  
 Printed name of applicant/owner

3-24-17  
 Date

Check here if there have been changes in business ownership, control, operational management, address or telephone number within the last year. The affidavit should still be completed, notarized and returned. Attach documentation of the change for our records. A certification specialist will contact you if there are any questions.

On this 24<sup>th</sup> day of March, 20 17 before me appeared  
Mike Buchanan, who, being duly sworn, did execute the foregoing affidavit and did  
(name of owner)  
 state that she/he was properly authorized by this company to execute the affidavit and did so as her/his free act and deed.



County of: Clatsop  
 State of: Oregon  
 Notary Signature: *Shelby Forrest*  
 Commission expires: July 16, 2019